Form SPSW-3

SPECIAL WASTE DISPOSAL REQUEST OTHER HANDLER INFORMATION

Section	<u>on I. Handler Identif</u>	<u>ication:</u>
a.	Handler Name:	
b.	Handler Address:	
C.	Handler Phone:	()
<u>Secti</u>	on II. Applicability	
a.	This form applies to parties who have handled special solid wastes that are to be disposed in a Virginia solid waste management facility (SWMF), unless the handler does no more than haul the waste directly from the generator to the SWMF without treating the waste or mixing it with other materials, or allowing another party to do so.	
b.	Any person who has treated a special solid waste or mixed it with another materia must complete a separate Form SPSW-2.	
<u>Secti</u>	on III. Waste Identifi	<u>cation:</u>
This	statement is provided	d for the following waste:
Gene	rator:	
Cono	ral Description of Wa	eto.
Gene	ral Description of Wa	.ste:

Section IV. Handler Management:			
Describe completely your management or your company's management of the waste:			
Section V. H	andler Certification:		
I here	by certify that:		
1.	based on my diligent inquiry, the above information is true and complete;		
2.	based upon my diligent inquiry, the waste described above has not been treated or mixed with any other materials while in my custody; and		
3.	to my knowledge, the waste described above has not been treated or mixed with any other materials by another party.		
Print Name:			
Title:			
Signature:			
Date:			

Form SPSW-2 Attached? Yes () No ()

Notary Statement: